

THE FIRST NATIONAL BANK OF WYOMING  
CANTERBURY OFFICE, 105 Irish Hill Road, Felton, DE 19943

**CORPORATE DEPOSITORY RESOLUTION**

**CORPORATE SECRETARY'S CERTIFICATE.** I certify that I am the corporate secretary of **EQUESTOLOGY INC** ("Corporation"), a corporation in good standing under the laws of Delaware. The following is an accurate copy of resolutions adopted by the Corporation's board of directors at a meeting properly called and held on November 7, 2011, at which a quorum was present. Such resolutions have not been amended or revoked, and they do not conflict with any provision of the Corporation's articles of incorporation, bylaws, or any other document by which the Corporation is bound:

RESOLVED, that **THE FIRST NATIONAL BANK OF WYOMING** ("Bank") is designated a depository of funds for the Corporation;

RESOLVED, that any prior resolutions remain in effect except as changed by those adopted today. The Corporation ratifies all transactions purportedly done on its behalf with the Bank before the delivery of this resolution to the Bank. Any change(s) to these resolutions will take effect only after the Bank has received written certification of the change(s) and has had a reasonable time to verify and act on the change(s);

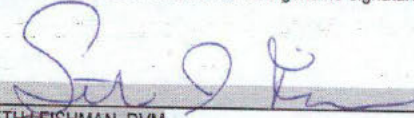
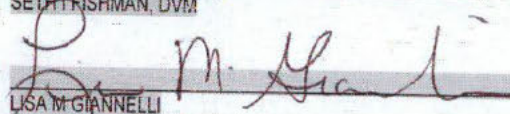
RESOLVED, that the Corporation agrees to be bound by the Bank's Commercial Deposit Account Agreement for each account permitted by these resolutions;

RESOLVED, that the Bank is authorized to honor, pay, and charge the Corporation's account(s) for any item purporting to have been signed on behalf of the Corporation with a facsimile signature that resembles a specimen the Corporation has certified to the Bank, no matter by whom or by what means the actual or purported signature may have been made;

RESOLVED, that the persons named below, whose manual and/or facsimile signatures are provided next to their respective names, are authorized to sign and authorize checks, drafts, withdrawal slips, and any other orders for the payment of money, whether by paper, electronic, or other means, even if payable to the signer or used to discharge or reduce any obligation of the signer. The Bank has no duty to inquire into any such action, even if the action benefits the signer individually. Number of signatures required: 1.

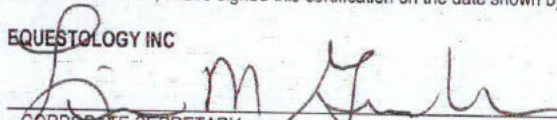
RESOLVED, that the Secretary of the Corporation is directed to certify and deliver a copy of these resolutions to the Bank, the signature cards bearing the genuine signatures of the persons named below, and any other documents that the Bank requires.

**AUTHORIZED PERSONS.** The names and genuine signatures, manual or facsimile, of the authorized persons for account 0000000457579801 are as follows:

X		(Seal)	<u>11/7/11</u>
	SETH FISHMAN, DVM		Date
X		(Seal)	<u>11/7/11</u>
	LISA M. GIANNELLI		Date

IN WITNESS WHEREOF, I have signed this certification on the date shown by my signature and have affixed the Corporation's seal.

**EQUESTOLOGY INC**

By  (Corporate Seal) 11/7/11

CORPORATE SECRETARY Date

**GOVERNMENT  
EXHIBIT  
3700  
S6 20 Cr. 160 (MKV)**



Customers Name	Equestology	Seth Fishman	Lisa Diannelli
Date		11/9/11	11/9/11
Branch		C	C
Signature Cards			
Identification	* Name		
	* Date of Birth		
	* Physical Address		
	* TIN, SSN, etc.		
	Mothers Maiden Name		
	Primary Phone Number		
	* Employer/Occupation		
	Primary ID		
	* ID#		
	* Issued By		
* Issue Date:			
* Exp. Date:			
Account Information			
Documentary Verification			
Non-Documentary Verification			
Comparison w/Government List			
Business Accounts/ Enhanced Due Diligence Worksheet must be completed.	* Opened By		
	* SIC Code		
	* Risk Rate		
	* Geo Code (Census Tract)		
	Money Service Business		
	Reg. GG-Internet Gambling		
Verification Conducted By			

\* are required fields





FEB-08-2008 12:12

P.002

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

001782.357312/0007.001 2 MB 0.563 1075



**EQUESTOLOGY INC**  
125 JENNIFER LANE  
FELTON DE 19943-9301

1782

Date of this notice: 02-01-200

Employer Identification Number:  
20-8306809

Form: 55-4

Number of this notice: CP 575

For assistance you may call us  
1-800-829-4933IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-8306809. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2008

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)



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P.003

**CERTIFICATE OF INCORPORATION**  
**OF**  
**Equestology Inc**

FIRST. The name of the corporation is Equestology Inc

SECOND. Its registered office in the State of Delaware is located at [REDACTED]  
Felton, County of Kent, Delaware 19943-9301. The Registered agent in charge thereof is Lisa  
Ranger.

THIRD. The purpose of the corporation is to render the professional service of  
Veterinarian.

FOURTH. The total number of shares which the corporation shall have the authority to  
issue is 10,000 shares of Common Stock, and the par value of each of such shares is \$0.01.

FIFTH. The incorporator of the corporation is LegalZoom.com, Inc., 7083 Hollywood  
Blvd., Suite 180, Los Angeles, CA 90028.

SIXTH. The board of directors of the corporation is expressly authorized to adopt,  
amend or repeal bylaws of the corporation.

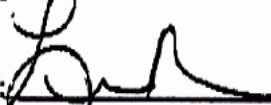
SEVENTH. Elections of directors need not be by written ballot except and to the  
extent provided in the bylaws of the corporation.

EIGHTH. The personal liability of the directors of the corporation for monetary  
damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under  
Delaware law. The corporation is authorized to indemnify its directors and officers to the fullest  
extent permissible under Delaware law.

IN WITNESS WHEREOF, the undersigned incorporator has executed this Certificate  
of Incorporation on the date below.

Date: December 21, 2006

LegalZoom.com, Inc., Incorporator

By:   
Lisa Ranger, Incorporator

THE FIRST NATIONAL BANK OF WYOMING  
CANTERBURY OFFICE, 105 Irish Hill Road, Felton, DE 19943

# COMMERCIAL SIGNATURE CARD

ACCOUNT TYPE  
ADVANTAGE BUSINESS CHECKING

ACCOUNT NUMBER  
0000000457579801

ACCOUNT TITLE  
EQUESTOLOGY, INC.  
SETH I FISHMAN  
LISA M GIANNELLI

ACCOUNT MAILING ADDRESS  
125 Jennifer Ln  
Felton, DE 19943-9301

TAXPAYER ID NUMBER  
20-8306809

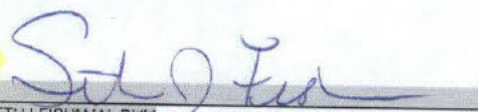
NUMBER OF SIGNATURES REQUIRED  
1

OPENED BY  
VICKIE EBAUGH

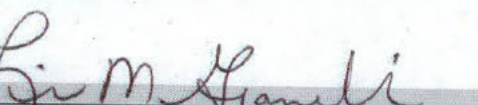
DATE OPENED  
February 11, 2008

*Name chg  
11/7/11*

## SIGNATURE OF AUTHORIZED SIGNERS

X  (Seal) 11/7/11  
SETH I FISHMAN, DVM

Facsimile Signature

X  (Seal) 11/7/11  
LISA M GIANNELLI

Facsimile Signature

**AGREEMENT.** By signing this signature card you agree that the account is governed by our Commercial Deposit Account Agreement. Among other things, this means that each term defined in that agreement has the same meaning here. You acknowledge receipt of that agreement, the fee schedule, the disclosure about your ability to withdraw funds, and any addenda to those documents. You have read those documents and agree to them, all of which are a part of this agreement.

EQUESTOLOGY INC

Facsimile Signature

By \_\_\_\_\_ (Seal)

Date

Facsimile Signature

By \_\_\_\_\_ (Seal)

Date

THE FOLLOWING INFORMATION MAY BE USED TO FURTHER IDENTIFY THE ACCOUNT HOLDER(S) AND AUTHORIZED SIGNERS FOR TELEPHONE INSTRUCTIONS, LARGE TRANSACTIONS, OR IF A SIGNATURE VARIES.

ACCOUNT HOLDER  
EQUESTOLOGY INC

Telephone Number(s)  
(561) 801-5810

Entity Type  
Corporation

Street Address

Felton, DE 19943-9301  
ID Expiration Date:  
ID Verified Indicator:

Taxpayer ID Number  
20-8306809

State of Incorporation (Corporation Only)  
Delaware

Name: SETH I FISHMAN, DVM  
SSN: [REDACTED]  
Phone: (H) (561) 801-5810  
Phone: (W) [REDACTED]  
Employment: Veterinarian  
DOB: [REDACTED]  
ID: Driver's License/State ID  
ID#: FL - F255789710490  
ID Expiration Date: February 9, 2012  
Other: Mothers Maiden Name  
GEVANTMAN

Name: LISA M GIANNELLI  
SSN: [REDACTED]  
Phone: (H) (302) 222-2220  
Phone: (W) [REDACTED]  
Employment: Assistant  
DOB: [REDACTED]  
ID: Driver's License/State ID  
ID#: DE - 1443880  
ID Expiration Date: July 1, 2013  
Other: Mothers Maiden Name  
LORING